

**INGRASSIA FISHER & LORENZ, P.C.**

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TO:	FROM: Timothy J. Lorenz (Reg. 41,954) <i>XL</i>
COMPANY: USPTO	DATE: 06/22/2005
FAX NUMBER: 703-872-9306	TOTAL NO. OF PAGES INCLUDING COVER: 3
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 009.4039
RE: Request for Withdrawal as Atty./Change of Correspondence Address	REFERENCE NUMBER: 10/712,469
NOTES/COMMENTS:	

**FORMAL COMMUNICATION  
INTENDED FOR ENTRY**

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED, AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAWS. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, OR THE EMPLOYEE OR AGENT RESPONSIBLE FOR DELIVERING THE MESSAGE TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA U.S. POSTAL SERVICE.

THANK YOU.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Fred W. Chapman  
Serial. No. : 10/712,469  
Filing Date : 11/12/2003  
Art Unit : 3762  
Examiner : Unknown  
Docket No. : 009.4039

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CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)

I hereby certify that this correspondence is being transmitted by facsimile to the United States Patent and Trademark Office, fax #703-872-9306

on 06/22/2005 Signature: [Signature]  
Timothy J. Lorenz, Reg. No. 41,954

REQUEST FOR PERMISSION TO WITHDRAW AS ATTORNEY AND CHANGE OF  
CORRESPONDENCE ADDRESS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please withdraw me as attorney or agent for the above identified patent application, and the attorneys/agents associated with Customer Number 29,906. The reasons for this request is to transfer the responsibility for the above-identified application to in-house counsel of the Assignee.

1. Change the correspondence address and direct all future correspondence to:

Ms. Mary Y. Redman, Esq.  
MEDTRONIC EMERGENCY RESPONSE SYSTEMS INC.  
11811 Willows Road N.E.  
P.O. Box 97006  
Redmond, WA 98073-9706  
Phone: (425) 867-4465  
Fax: (425) 867-4142  
mary.y.redman@medtronic.com

ALLOWANCE OF TIME FOR CLIENT TO ACT

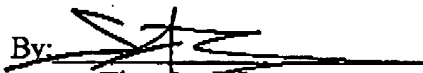
2. There are at least 30 days between the date of the application for withdrawal and any expiration date of a time period for response without a possible extension period.

SIGNATURE OF WITHDRAWING ATTORNEY

3. Signature of the attorney withdrawing:

Respectfully submitted,  
INGRASSIA FISHER & LORENZ, P.C.

Date 06/22/2005

By:   
Timothy J. Lorenz  
Reg. No. 41,954

Ingrassia, Fisher & Lorenz, P.C.  
Customer No. 29,906